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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 6/27/05 ATTORNEY DOCKET NUMBER: NVI 5183.1
PTO FACSIMILE NUMBER: (703) 872-9306

PLEASE DELIVER THIS FACSIMILE TO: Vanessa L. Ford
THIS FACSIMILE IS BEING SENT BY: John K. Roedel
NUMBER OF PAGES: 3 INCLUDING COVER SHEET

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Signature Date

Type of paper transmitted: Notice of Appeal

Applicant's Name: Charles S. Schasteen et al.

Serial No. (Control No.): 10/005,510 Examiner: V. Ford

Filing Date: 11/8/01 Art Unit: 1645 Confirmation No.: 9657

Application Title: METHODS AND COMPOSITIONS FOR THE CONTROL OF COCCIDIOSIS

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NVI 5183.1
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Charles S. Schasteen et al.

Art Unit 1645

Serial No. 10/005,510

Filed November 8, 2001

Confirmation No. 9657

For METHODS AND COMPOSITIONS FOR THE CONTROL OF COCCIDIOSIS

Examiner Vanessa L. Ford

June 27, 2005.

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

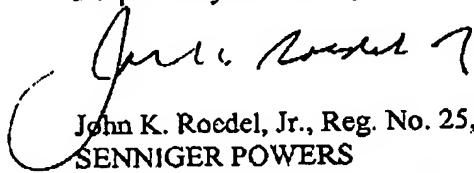
SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated December 28, 2004, rejecting the following claims: 1-30, 113-119, 136-143, and 146-152.

The appeal fee of \$ 500.00 is submitted herewith, as well as the fee of \$ 1,020.00, for a three-month extension of time under 37 CFR 1.136(a). A detailed Fee Transmittal is attached.

If there are any additional charges in this matter, please charge our Deposit Account No. 19-1345.

Respectfully submitted,



John K. Roedel, Jr., Reg. No. 25,914

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Fee Transmittal

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Application Number 10/005,510
Filing Date November 8, 2001
Inventor(s) Charles S. Schasteen et al.
Examiner Name Vanessa L. Ford
Attorney Docket Number NVI 5183.1

Art Unit 1845
Confirmation No. 9657

JUN 27 2005

[] Applicant claims small entity status.

METHOD OF PAYMENT

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FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Multiple Dependent Claims Fee _____ \$ _____
(HP = highest number of claims paid for)
Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings)
Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

Three month extension of time (1,020,.00)
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal (500.00)
 Filing a brief in support of appeal
 Request for oral hearing
 Other: _____

Subtotal (4) \$ 00000000 1020.00 DA

TOTAL AMOUNT OF PAYMENT \$ 1.520.00

01 FC:1253 1020.00 DA

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June 27, 2005
Date

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